



Town of Glastonbury

Riverfront Community Center, 300 Welles, Street, Glastonbury, CT 06033

RCC APPROVED CATERER APPLICATION

APPLICANT INFORMATION

_____ **Approved Caterers List** _____ **Approved Alcoholic Beverage Provider List** _____ **Both Lists**

Catering
Company: _____

Applicant Name: _____ Telephone #: _____

Title: _____ Fax #: _____

Address: _____

Date of
Application: _____ Email Address: _____

INSTRUCTIONS: PLEASE CHECK OFF EACH BULLET BELOW AS IT APPLIES TO YOU:

Hereby applies to be added to the Riverfront Community Center Approved Caterers' List

- ☐ I HAVE READ, UNDERSTOOD AND AGREED TO COMPLY WITH ALL OF THE TERMS OF THE TOWN'S BUILDING USE AND FOOD CATERERS AND ALCOHOLIC BEVERAGE PERMITTED CATERERS POLICIES & PROCEDURES & KITCHEN USE POLICY. I UNDERSTAND THAT MY FAILURE TO MEET THESE OBLIGATIONS COULD LEAD TO REMOVAL FROM THE RIVERFRONT COMMUNITY CENTER APPROVED CATERERS LIST.
- ☒ I HAVE ALL APPROPRIATE LICENSES AND PERMITS TO PROVIDE THESE SERVICES. (FOOD SERVICE PROVIDERS MUST HAVE A CATERER'S FOOD SERVICE LICENSE. AN ALCOHOLIC BEVERAGE PROVIDER MUST HAVE A CATERER'S STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION LIQUOR PERMIT). *(copies of documents must be attached)*
- ☒ I HAVE AND WILL MAINTAIN THE APPROPRIATE LEVEL OF INSURANCE TO COVER MY SERVICES AT EVENTS WHICH I AM CATERING. LIABILITY INSURANCE MUST HAVE MINIMUM COVERAGE OF \$1,000,000.00 THAT NAMES THE TOWN OF GLASTONBURY AS AN ADDITIONAL INSURED. *(copies of documents must be attached).*
- ☐ I AM PROVIDING THE RIVERFRONT COMMUNITY CENTER WITH A SERVER WHO IS LICENSED WITH THE STATE OF CONNECTICUT TO SERVE ALCOHOL AND AGREES TO BE A DESIGNATED SERVER AT EVENTS WHICH I AM CATERING.

SIGNATURE OF APPLICANT

PRINT NAME

DO NOT WRITE BELOW THIS LINE

Human Services Director's Signature

Date

☐ Approved

☐ Denied

Health Director's Signature

Date

☐ Approved

☐ Denied

Remarks & Stipulations:

